Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							F	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	445	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			火, minus 20=		· 20		5	(\$ 9=	180.	OR	X\$18=		
INDEPENDENT CLAIMS			8 minus 3 =		• 5		7	(42=	210	OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			Ø	T.	140=	140	OR	+280=		
* If the difference in column 1 is less than zero					*0" in c	olumn 2	L_	OTAL	170	OR	TOTAL		
CLAIMS AS AMENDED - PART II							•			JON	OTHER	THAN	
		(Column 1)		(Column 2) (Column 3)				MALL	ENTITY	OR	SMALL		
AMENDMENT A	Ť.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	. [ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	.Total	• 33	Minus	- 3	0	3	×	(\$ 9=		OR	X\$18=		
AME	Independent	* 6 NTATION OF MI	Minus	###	CIANA	= \	\[\bar{\range}{\range}\]	(42=		OR	X84=		
	FINOT PRESE	NIATION OF MI	DETIPLE DET	ENDEN	CLAIM		1	140=.		OR	+280=		
1 10 1								TOTAL	-		TOTAL		
	-17-08	(Column 1)		(Colur	nn 2)	(Column 3)	ADU	NT. FEE) 	ADDIT. FEE	ν.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* / [*] /	Minus	** 4	0	<i>- ()</i>	×	\$ 9=		OR	X\$18=	$\sqrt{\cdot}$	
	Independent	NTATION OF MIL	Minus	### S	% All 4	=()	×	42=		OR	X84=/		
	THOI THESE	INTO OF MIC	CHIPLE DEP	ENDENI	COGIN		+1	140= .		OR	+280=		
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	165	
	Independent	•	Minus	***		=	X	42=			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\vdash			OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OTAL ADDIT. FEE ADDIT. FEE													
	The "Highest Num	ber Previously Pal	d For (Total or	Independe	ent) is the	highest number	found in	the app	oropriate bax	in cot	umn 1.		

Application or Docket Number